

Team meeting: proposal for the work process organization

Santos, Elitiele Ortiz dos; Coimbra, Valéria Cristina Christello; Kantorski, Luciane Prado; Pinho, Leandro Barbosa de; Andrade, Ana Paula Müller de; Eslabão, Adriane Domingues

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Santos, E. O. d., Coimbra, V. C. C., Kantorski, L. P., Pinho, L. B. d., Andrade, A. P. M. d., & Eslabão, A. D. (2017). Team meeting: proposal for the work process organization. *Revista de Pesquisa: Cuidado é Fundamental Online*, 9(3), 606-613. <https://doi.org/10.9789/2175-5361.2017.v9i3.606-613>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:
<https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more Information see:
<https://creativecommons.org/licenses/by-nc/4.0>

Reunião de equipe: proposta de organização do processo de trabalho*

Team meeting: proposal for the work process organization

Reunión de equipo: propuesta de organización del proceso de trabajo

Elitiele Ortiz dos Santos¹; Valéria Cristina Christello Coimbra²; Luciane Prado Kantorski³; Leandro Barbosa de Pinho⁴; Ana Paula Müller de Andrade⁵; Adriane Domingues Eslabão⁶

How to quote this article:

Santos EO; Coimbra VCC; Kantorski LP; et al. Team meeting: proposal for the work process organization. Rev Fund Care Online. 2017 jul/set; 9(3):606-613. DOI: <http://dx.doi.org/10.9789/2175-5361.2017.v9i3.606-613>

ABSTRACT

Objective: The study aims to understand the perceptions of workers of a Psychosocial Care Center (CAPS) on staff meetings. **Methods:** Study of qualitative approach, using the methodological theoretical evaluation of the fourth generation. The data were collected in a Santa Catarina's CAPS in 2006, 2011 and 2014 through semi-structured interviews, field observations and data recycling groups. **Results:** The daily frequency of spaces of team meetings enables a process of interaction in which knowledge and information is shared, and the group democratically decides the necessary referrals and plan together the next actions taking co-responsibilities over safety in the work process. **Conclusion:** Team meetings are considered a strategic space for workers to organize the work process.

Descriptors: Mental Health Services, Health Care Reform, Comprehensive Health Care.

* The article presents data from the master's thesis presented to the Graduate Program in Nursing of the Federal University of Pelotas in 2014. Research funded by the Ministry of Science and Technology in partnership with the Ministry of Health.

¹ Nurse. PhD student in the Nursing Graduate Program at the Federal University of Rio Grande do Sul (UFRGS). Porto Alegre, Rio Grande do Sul (RS), Brasil. E-mail: elitiele_ortiz@hotmail.com.

² Nurse. PhD in Nursing. Professor of the Nursing Department of the Federal University of Rio Grande do Sul (UFPel). Pelotas/RS, Brasil. E-mail: valeriacoimbra@hotmail.com.

³ Nurse. PhD in Nursing. Professor at the Nursing Department of UFPel. Pelotas/RS, Brasil. E-mail: kantorski@uol.com.br.

⁴ Nurse. PhD in Nursing. Professor of the Nursing Department of UFRGS. Porto Alegre/RS, Brasil. E-mail: bpinho@gmail.com.

⁵ Psychologist. Post-doctoral student of the Nursing Postgraduate Program UFPel. Pelotas/RS, Brasil. E-mail: psicopaula@yahoo.com.br.

⁶ Nurse. PhD student in the Nursing Graduate Program at UFRGS. Porto Alegre/RS, Brasil. E-mail: adrianeeslabao@hotmail.com.

RESUMO

Objetivo: Conhecer a percepção dos trabalhadores de um Centro de Assistência Psicossocial (CAPS) sobre as reuniões de equipe. **Métodos:** Estudo de abordagem qualitativa, com a utilização do referencial teórico metodológico de avaliação da quarta geração. Os dados foram coletados em um CAPS de Santa Catarina no ano de 2006, 2011 e 2014 através de entrevistas semiestruturadas, das observações de campo e grupos de reciclagem de dados. **Resultados:** A frequência diária dos espaços das reuniões de equipe possibilita um processo de interação, no qual os saberes e as informações são compartilhadas, o grupo democraticamente decide os encaminhamentos necessários e planejam em conjunto as próximas ações assumindo corresponsabilidades com mais segurança no processo de trabalho. **Conclusões:** As reuniões de equipe são consideradas um espaço estratégico para os trabalhadores organizarem o processo de trabalho.

Descritores: Serviços de Saúde Mental, Reforma dos Serviços de Saúde, Assistência Integral à Saúde.

RESUMEN

Objetivo: El estudio tiene como objetivo conocer la percepción de los trabajadores de un Centro de Atención Psicossocial (CAPS) sobre las reuniones de equipo. **Métodos:** Estudio cualitativo, utilizando la evaluación teórica metodológica de la cuarta generación. Los datos fueron recolectados en un CAPS de Santa Catarina en 2006, 2011 y 2014 a través de entrevistas semiestruturadas, observaciones de campo y grupos de reciclaje de datos. **Resultados:** La frecuencia diaria de los espacios de las reuniones del equipo permite un proceso de interacción en el que se comparte el conocimiento y la información, y que el grupo decida democráticamente las referencias necesarias y planificar conjuntamente las siguientes acciones que tienen corresponsabilidades sobre la seguridad en el proceso de trabajo. **Conclusión:** Reuniones de equipo se consideran un espacio estratégico para los trabajadores a organizarse el proceso de trabajo.

Descriptores: Servicios de Salud Mental, Reforma de La Atención de Salud, Atención Integral de Salud.

INTRODUCTION

Knowledge and practices in the area of mental health have been modified over the years, determined by historical and social constructs that demonstrated the ineffectiveness of hegemonic psychiatry and fragmented practices, typical of the technical and social division of the Taylorist model of production.^{1,2}

The organization of the labor process in the Taylorist perspective gains emphasis in the capitalist scenario whose goal is productivity that increases especially when the fragmentation among the workers in specialties is potentiated and the division between those who plan and those who do the work.³

A strong critique of this fragmented organization model of the mental health work process began in the late 1970s in the Psychiatric Reform Movement with the proposal of the psychosocial paradigm, which attributes decisive importance to the subject, its conflicts, subjectivity and sociocultural aspects of their life. In view of this conception, horizontal models are envisaged in the forms of institutional organization favoring interprofessional teamwork centered

on multiple and integrated knowledge, capable of radically overcoming the fragmentary model of the asylum.⁴

In this context, the Psychosocial Care Centers (CAPS) stand out, because through interdisciplinary practices they take care of individuals with severe and persistent disorders.^{4,5} The ordinance nº 3.088 of 2011, when instituting the Network of Psychosocial Attention establishes that the work in the CAPS should be carried out primarily in collective spaces, being that the team meeting is one of these spaces.⁶

The purpose of the team meeting is to bring the workers together, with a view to joint planning, discussion and decision of cases and situations, providing those involved with greater clarity about the roles they play in the work process,⁷ becoming an important device to (re)delineate the work through the interdisciplinary discussions of health cases.⁸

This work proposal meets the possibility of collective work, necessary for the efficiency and effectiveness of the practices, since a team that works in an isolated and fragmented way runs the risk of offering actions that are often incoherent and even contradictory, reducing the resolution in the 'Their set and increasing the possibility of limitations in the attention offered.'⁹ Therefore, depending on the way in which workers use this space, they can break with or reinforce the Taylorian way of organizing.

It is known that team meetings are common in the context of health work, however, the way they are carried out by interdisciplinary teams can bring a content of innovation,¹⁰ understanding that one of the factors that interferes in this aspect is the understanding that the workers have about this space. Faced with this questioning, this study aims to know the perception of the professionals of a CAPS II on the team meetings.

METHODS

The present study presents data from the Evaluation of the Psychosocial Care Centers of the Southern Region of Brazil (CAPSUL), of an evaluation nature and a quantitative and qualitative approach of the case study type.¹¹⁻¹⁴ The CAPSUL survey had two editions, one held in 2006 and the other in 2011, in the states of Santa Catarina, Rio Grande do Sul and Paraná, with the interest group of workers, users and family members.

The theoretical-methodological reference of the Fourth Generation Assessment was used in the CAPSUL research, characterized as a constructivist and responsive evaluation, in which the focus of the evaluation is the needs of the interest groups. Also analyzed are the daily service and the interaction between the subjects.¹¹

In the present study, we will deal with the qualitative results of the two editions of the CAPSUL survey, conducted in 2006 and 2011 in a CAPS II in the state of Santa Catarina.

The reopening of the case of this CAPS was carried out in 2014, using a method of data collection called data recycling,

which is one of the steps of the theoretical methodological reference of Fourth Generation Evaluation. Therefore, it is a study that seeks to understand the object of study over almost 10 years.

A total of 35 interviews were carried out, applied to workers in the years of 2006 and 2011 and 6 field journals, totaling 535 hours of observation, in order to identify issues of interest, conflicts and contradictions that arose related to the work process.

The return to the country took place in 2014 to recycle the data, which aimed to clarify issues that appeared in the collection of back issues and data that needed further clarification, but mainly to understand the perceptions and current demands on the subject in question.¹¹

During data recycling, 168 hours of field observation were carried out and the negotiation group was developed with the presence of 17 workers. In this group, the analysis of the previous issues and data of the current field observation was presented, in order that the workers discussed what had been analyzed, with opinions, positions and observations that they considered necessary.

The choice of the place for the present study was due to its prominence in the evaluation of the work process, in relation to the other CAPS studied in the CAPSUL survey. Among the potential of the service, the planning of the actions, the organization of the work process and the daily discussion of the health cases in the space of the team meeting.

In the interviews, the workers' speech was identified with the letter "T" and "DC" for the records of the field journals, followed by sequential numbers and the year of data collection, preserving the identity of the subjects. The ethical aspects of the study were assured to the participants according to Resolution no. 466/2012 of the National Health Council of the Ministry of Health. The CAPSUL survey was approved by the Research Ethics Committee (CEP) in its two editions and for reopening the case in 2014, it was approved with a Certificate of Ethics Presentation (CAAE) under nº 32922114.8.0000.5317.

The analysis of the data of the present study used the thematic analysis that focuses on three stages: 1) Reading and ordering the information gathered in interviews and field diary. 2) Grouping of nuclei of meanings, by means of an exhaustive reading of the speeches. 3) Interpretation of the material from the theoretical reference of the work process.¹³

RESULTS AND DISCUSSION

The analysis of the collected material allowed the grouping of the statements in a thematic category called "Team meeting as proposal of organization of the work process" which will be discussed next. Thematic categories are those that have similar nuclei of meaning,¹³ obtained from the analysis and extraction of information from the collected empirical material.

Team meeting as proposal for the organization of the work process

The CAPS under study was historically marked by a collective construction of professionals whose objective was to consolidate a substitutive service of effective resolution. After 13 years of its implementation, this collective characteristic of organization is still outstanding, since in 2006, 2011 and 2014 a strong organizational conformation was identified based on spaces of collective discussions and joint planning.

One of the collective spaces that stands out is the team meetings and miniteams that take place in the service. The organization in miniteam is a proposal of differentiated work of other services of mental health, since the professionals of the service are regrouped in four smaller teams, responsible for certain territories affiliated. The mini-teams are composed of approximately five highly trained professionals who meet daily at a midday meeting to discuss, plan and organize activities.

Since the implementation of the CAPS studied, team meetings have been valued as important spaces, frequently held, with broad participation and have become routine service. For the professionals the team meeting is considered a meeting point of the team to make the exchanges, in the sense of sharing with the other issues that will be necessary for the continuity of the work process. In addition, it is considered as a good practice in mental health because it enables communication among professionals, and it is difficult to think of a work process that does not make a team meeting.

"When I joined, it was four months before the CAPS was inaugurated, I joined this implementation project, there were five meetings quite frequently, all participated [...]" (T3, 2006)

"We do meetings every day from 11 a.m. to noon, and that we continue to do, [...] every day this team meets and makes the changes." (T7, 2011)

"[...] since the first day of CAPS, I already had meetings. [...] the first week of open had already. That's why you have this meeting time." (T12, 2014)

"Team meeting is a good practice in mental health; [...] I cannot even imagine a service that does not make a team meeting! Why do you have both shifts? In addition, do not communicate? Go figure it out!" (T6, 2014)

In health work it is essential to develop a communicative practice oriented towards a mutual understanding, and for the development of health actions.¹⁵ It is the expansion of zones of exchanges, of degrees of communication, of joint constructions that confers resistance to collective spaces and

their uses.¹⁶ Therefore, team meeting can be thought of as a good practice when it allows meetings for the expansion of communication among professionals.

Miniteam's meetings, which take place at noon, are formal spaces for discussing issues of interest to the group, with the participation of workers who stayed on duty during the morning shift and those who are taking over the afternoon shift of each miniteam. It is like a shift of working time, where each team in separate rooms talks about the events of the previous shift. The difference is that, even though meetings are separated by miniteam, everyone feels responsible for health cases.

"The time from noon to one hour to talk about everything that is happening, in the period, who enters, to know about things [...]" (T15, 2006)

"So every miniteam makes it [meeting], with the way they do, their notebooks [...]" (T4, 2011)

"As I worked in hospital, I see that in the shifts one passes to another, only in the hospital the nursing technique that was responsible for five rooms will say to the responsible in the afternoon what happened in the morning. And we are a whole, everyone together." (T8, 2014)

"Team meeting began 12:15 p.m. and finished at 1 p.m.: professionals are involved in the discussion of cases, many referrals are carried out. [...] In general, everyone is committed to care and is aware of the referrals that will be made." (DC1, 2014).

During the miniteam's meetings, the professionals talk about the reception of new users, interferences with the users that were in the morning in the service and that belong to that miniteam, as well as the actions carried out in the period. In addition, it is proposed the referrals that will be necessary in the afternoon shift.

The miniteam's meetings are configured as a formal coordination of work, since, because it is carried out frequently, it provides the professionals with participation in the discussions and possibilities of organizational referrals for the accomplishment of the service activities.¹⁷

Still on the meetings, it can be said that they allow professionals to talk about all the users they are responsible for, their clinical and psychosocial needs and, above all, the possibilities of (re)construction of everyday life, seeking to strengthen the Singular Therapeutic Plan through attentive staff discussions on strategies that are effective and those that need adjustment. Professionals rely on each other to strengthen decisions, valuing experience and professional training.

They are spaces for discussion, reflection, exchange of ideas and knowledge and not just an attempt to solve

emergency problems.¹⁸ Often it is not possible for everyone to be present, but records and conversations at other times are possibilities to reassert a combination held at the meeting, allowing everyone to know about the accorded decisions.

The miniteam's meetings take place at noon, three days a week, and in the other two days are held general meetings with the presence of all professionals. This frequency of mini-meeting is recent, given the potential of the meetings, recognized as a necessary moment for the professional to resolve issues of their work, as it shares responsibilities and information on the cases, allowing security and knowledge about the work process of the service.

"[...] the meetings, it bothered me at first, every day, and then I changed my mind because at the first meeting I had a quick screening and the people were not the CAD profile, and we went to the post and a number of things [...] and we did a job here at the meeting [...]. Then I went to understand the importance of this, that everyone participates in everything and know everything. [...] Everything is reported. I found the meeting, on the contrary, right? Of annoying, I found it necessary. It is there that you solve the work and it is there that everybody is part of everybody." (T2, 2006)

"[...] every week in the miniteam meeting, we check every user of each. My blue team, and we always make a brief history of how the therapeutic plan is, how is this person, to leave no one out, no forgetfulness, then it's a very schematic thing, get all the folders, read all the latest evolutions and there he writes what is happening and registers." (T4, 2011)

"With the increase of the miniteam's meetings the activities are all round." (T15, 2014)

It is common for professionals to refer to the meeting as a tiring activity, as a waste of time, without objectivity. However, we can see its benefits for joint planning, for the socialization of knowledge and for important discussions that can support decision making.¹⁹

In the general meetings, the exchange of knowledge and opinions are also carried out jointly and in an interdisciplinary way, allowing professionals with training different from those of the mini-team to express their opinion on the subject in question and to be responsible for the cases received in the service.

"The nurses, all of them trained and take [information from the users' cases] to the psychologist, to the psychiatrist at the meetings, but what I find interesting is that things are spoken, discussed, sometimes judged to

a certain, but criticisms are made at meetings with the tendency, if possible, to improve.” (T13, 2006)

“The miniteams discusses their PTs in miniteams, but there are some cases that we take to the big team.” (T9, 2011)

“[...] the general meetings [...], are very important to know how the professionals are in your mini-equipment; it's a time to join the areas to give suggestions for the day to day. Each profession is different, and what I do not know, I can help the other with the knowledge of my profession. [...] there are things that only those in a certain area can solve. It suggests that the areas talk, that the miniteams talk because the miniteams have professionals with various formations, who can talk with the other that suddenly will not have professionals with that formation.” (T10, 2014)

The general meetings are recognized as very important because they generate discussions and referrals that give subsidies to the work of miniteams, since it counts with the participation of professionals with different backgrounds, which present how the work is being done, exchange experiences and Support to overcome the difficulties. It is noticed that both the management of care and the administrative management of the service is performed and enhanced in this space.

Such spaces of discussion about the cases and reflection on the practices and professionals guiding care are powerful strategies so that the psychosocial way is effective not only as public policy, but as a possibility of collective construction of the senses and of an epistemological basis for the practices practiced In the daily services and in the territory.²⁰

Joint accountability and interdisciplinarity are evident in the relationship between the professionals of the team under study, since they recognize that they do not act in isolation, but understand that the participation of all and the discussions in the team meeting are fundamental to decide and forward decisions.

“[...] A user who came, already 60 years old, [...] only has the brothers, and the brothers do not want to take care of him [...] and they were sent here and brought to leave here, I said it does not work like that [...]. Even though we will not leave him without support, I will bring the team today at noon to the meeting, to discuss, to see what we can do for the user, [...] then I will discuss with him a proposal, Maybe change the medication, make home visits [...], as we can do [...], we bring the meeting to give a resolution, make the discussion in a team, I'm not the one to decide.” (T1, 2006)

“Too bad that not everyone can participate, but everything is recorded. In the mini team meeting, the professionals can talk about the cases and one contributes with the other. My colleague is forgotten so I know I need to remind her, I also have my difficulties. Here accountability is joint, everyone has responsibilities, and [...] we talk. In addition, if anyone does something that has not been discussed. We will discuss how to do next [...].” (T2, 2014)

Professionals constantly problematize interdisciplinarity. They understand that the whole profession has its core of knowing²¹ and in view of this, it is very important that each professional is clear about the competences of this nucleus, such as the knowledge and responsibilities of his profession. In this way, they will be able to contribute with the large group exposing their opinions and helping in the construction of actions with specific knowledge of their formation.

“This is a discussion that we had a lot at the beginning, that we read the issue of interdisciplinarity, [...] we talk a lot about it as a team, today I'm clear that I'm a psychologist in anything I do, I cannot be a nurse ever, I may even know the medication [...], because we end up having it, but I will not be able to apply it, so this is clear to me, just as I know that the intervention That I do in a support group, someone else can even coordinate the support group, but if I do not have the training of a psychologist she will not notice some things [...] as it is fundamental that the occupational therapist is coordinating a workshop, [...] not to lose it, to have the exchange but to play the clear role.” (T3, 2006)

“Here we work in a very interdisciplinary way. I even notice the differences when it comes to contributing to the group. For example, I and the other occupational therapist are very concerned about the social side. Here comes the nursing team and gives an alternative to think about other issues here comes the social worker and says: look I know the context, maybe not give it that way, and so it also gives contributions.” (T2, 2014)

This study's professionals understand the concept of knowledge field and core of knowledge and how to enhance them in team meetings, in the proposal of a collective work process and interdisciplinary practices.

The field of knowledge is represented by knowledge and responsibilities common to the various professions or even specialties, since the core of knowledge is characterized by the set of specific knowledges and responsibilities of each professional.²¹

In the perspective of teamwork, it is fundamental to clearly identify what each professional will be responsible for doing, and this one, with the help of others, also with

responsibility for the situation, will seek the best way to intervene.²¹ Thus, the professionals highlight the space of the meeting as an important interdisciplinary proposal, since professionals from different nuclei of knowledge who will be in different spaces performing certain activities, will meet at the meeting to exchange information and contribute ideas and suggestions made possible by the specificity of Vocational training. Given this, it is a space that promotes interdisciplinarity in order to provide qualified care.¹⁰

Within the service, the intensity of the exchanges between the disciplines characterize interdisciplinarity, marked by the interaction level, between heterogeneous knowledge and reciprocity, in such a way that each discipline becomes richer at the end of the interactive process.²²

Thus, the action of this work will be achieved by the incorporation of the various knowledges that have been modified in their specificities, through a collective construction that starts to act together.²³ Given this, the fact of having a certain profession does not justify the lack of information on aspects of the user's life and / or issues related to the service and work process. At the meeting, the exchange of information and knowledge is necessary to consolidate a collective and interdisciplinary work with shared responsibilities among all those professionals inserted in the service.

It is worth noting that in the space of the team meeting the consensus of ideas between interdisciplinary exchanges is not sought, but the assurance of the positioning and the diversity of opinions so that the consensus is in relation to the necessity of a referral to try to solve the situation.

"[...] the team has willpower, is a team that has claw, we sometimes have meetings is a fight, but we end up getting a consensus, and unfolding to find a way to resolve the situation, which is why one plays to the other, but in the end we end up getting together and making it happen. [...] we realize, [...] many of them, even though they do not understand each other well, are getting involved, understanding and enjoying the team." (T7, 2006)

"[A productive meeting] is when you come to conclusion, something that hardly reaches." (T8, 2014)

"The meeting is also an outburst place for professionals to expose situations that are not happy and defend their ideas, often not reaching a consensus, but making their position clear." (DC1, 2014)

The potential of the meetings between professionals is not in the search for homogeneity, but the encounter of different ones that produces a common maintaining the singularity. The willingness to meet, contact and connect with others who have different knowledge, who sees different things and who can propose different interventions is a challenge to be faced.²⁴

The moment of the meeting sometimes generates anxiety in professionals, in the sense of the concern to pass all the information without forgetting something important that jeopardizes the continuity of the care dispensed. They report that the outburst, even of personal issues sometimes disrupts this moment, sometimes there is a lack of respect with colleagues, information is played and professionals are lost in the discussion. Therefore, the professionals emphasize the team's need to problematize the proposal of this team meeting space, to understand what that moment means.

"Maybe we should [do a job of relaxation], because we receive the demand of the users, and come to the meeting with everything, sometimes we play and get lost. So if we have a job, even relaxation, to understand what that moment is, if it's time to vent, if it's time to be objective, I think it would be better for everyone." (T8, 2014)

"[...] I think it generates a lot of anxiety, too, on the part of people, thus, of wanting to go over. Being worried that something is not important, and that it is also important to talk about personal issues, and it turns out that sometimes there is a lack of respect with colleagues [...] the anxiety that everyone is involved in this work, concern to let it happen, I did not say anything." (T14, 2014)

There is no adequate formula for how this moment should be carried out, since each team with its particularities organizes itself to take care of its work needs. However, the problematization movement about such space becomes extremely necessary in order for workers to feel more comfortable in meeting with each other, respect, take their space in a democratic way at the meeting, and make a bet on this collective construction.

The tensions, conflicts, agreements and consensus generated from these meetings can act in favor of improving the quality of health production in services both individually and in the composition of networks.²⁵

The professionals understand that the team meeting organizes the work process, because during the work shift many situations happen and the professional waits the moment of the meeting to share their doubts, needs, behaviors of that shift, which generates many discussions, sometimes disorganized, but necessary for these professionals to organize the work process.

"There are times when [a team meeting] organizes, and at others disorganises. That's the way it is, there are people who pack the bag out one by one and there are people who put everything on top, and there it goes. So the meeting is to put everything on the bed, and we organize it. Sometimes we think it is disorganizing, but it is the moments of adaptation. In fact, there is a moment when you have to organize it, and it disorganises everything. Sometimes you

have to disorganise everything to get organised, it's like a house, cleaning. You have to get everything out of the way to be able to clean and organise. This is necessary, to organise you have to be disorganized.” (T6, 2014)

“We’ll scoff at each other at the meeting, but imagine if there was not! [...] it ends up that two services are formed in one, and without continuity. Gets loose.” (T8, 2014)

This process of organization together enables a sharing of information aiming at continuity in care, because the moment the professional participates in the meeting, in which he discusses previous behaviors and the necessary referrals, he will have the security and knowledge to develop his work process. Thus, meetings are fundamental spaces for workers to organize their work process, to provide continuous and decisive assistance.

CONCLUSION

In the context of the study, the organization of the work process takes place in the space of the team meeting, since the workers, during a work shift, gather information, yearnings, doubts, knowledge that are brought to the discussion in the collective space. In this process of interaction and exchange of the meeting, responsibilities, knowledge and information are shared and the group democratically decides the necessary referrals and jointly plan the next actions. Thus, workers organize themselves in the work process, assume co-responsibilities and feel more secure to develop it.

Faced with this, the team meetings present themselves as a proposal to organize work away from that traditional Taylorist organization and to be considered a strategic space for organizing the work process because it is often carried out, bringing together those workers who execute the practices in a Potential collective space and enable the planning of interdisciplinary actions.

The way in which workers interact in the meeting space and in the work process reaffirms which model these professionals propose to work in, since the meeting may not be considered a new organizational proposal when it reaffirms vertical relations and fragmentation of actions. It is up to the workers to lead the space of the team meeting, taking full advantage of their proposal of collective work.

It should be highlighted that in the literature studies on the service work process generally emphasize the importance of team meetings, because it has a participatory, collective proposal that enhances interdisciplinary practices and joint accountability, however, a specific look at this theme is more scarce, more research is needed to support the importance of valuing this strategy in the work of mental health teams.

REFERENCES

1. Santiago E, Yasuf S. O trabalho como dispositivo de atenção em saúde mental: trajetória histórica e reflexões sobre sua atual utilização. *Revista de Psicologia da UNESP*. 2011; 10(1): 195-210.
2. Oliveira AGB, Alessi NPO. Trabalho de enfermagem em saúde mental: contradições e potencialidades atuais. *Rev Latino-Am Enfermagem*. 2003 Mai-Jun; 11(3): 333-40.
3. Braverman H. Trabalho e capital monopolista. Rio de Janeiro (RJ): Guanabara; 1987.
4. Costa-Rosa A. O modo psicossocial: um paradigma de práticas substitutivas ao modo asilar. In: Amarante P, organizador. *Ensaio, subjetividade e saúde mental*. Rio de Janeiro (RJ): Fio Cruz; 2000. p.161-68.
5. Brazil. Portaria nº 336, de 19 de fevereiro de 2002. Estabelece CAPS I, CAPS II, CAPS III, CAPS i II e CAPS ad II. Brasília (DF): MS, 2002.
6. Brazil. Portaria nº3.088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial no âmbito do Sistema Único de Saúde. Brasília (DF): MS, 2012.
7. Barros JO. A construção de projetos terapêuticos no campo da saúde mental: apontamentos acerca das novas tecnologias de cuidado [dissertação]. São Paulo (SP): Universidade de São Paulo; Programa de Pós-Graduação em Ciências da Reabilitação; 2009.
8. Granado MK, Dall'agnol CM. Desafios do processo grupal em reuniões de equipe da estratégia saúde da família. *Rev Esc Anna Nery*. 2010 Jul-Set; 14(3):504-10.
9. Oliveira GN. O projeto terapêutico singular. In: Campos GWS, Guerrero AVP, organizadores. *Manual de práticas da atenção básica. saúde ampliada e compartilhada*. 2ª ed. São Paulo (SP): Hucitec; 2010. p. 273-88.
10. Matos E, Pires DEP. Práticas de cuidado na perspectiva interdisciplinar: um caminho promissor. *Texto Contexto Enferm*, 2009 Abr-Jun; 18(2):338-46.
11. Guba EG, Lincoln YS. Avaliação de quarta geração. São Paulo (SP): Unicamp; 2011.
12. Wetzel C. Avaliação de serviços de saúde mental: a construção de um processo participativo [tese]. São Paulo (SP): Universidade de São Paulo; Programa de Pós-Graduação em Enfermagem; 2005.
13. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 13ª ed. São Paulo (SP): Hucitec; 2013.
14. Yin RK. Estudo de caso: planejamento e métodos. 3ª ed. Porto Alegre (RS): Bookman; 2010.
15. Viegas SMF, Penna CMM. A construção da integralidade no trabalho cotidiano da equipe saúde da família. *Rev Esc Anna Nery*. 2013 Jan-Mar; 17(1):133-41.
16. Eichelberger M. O que pode a redução de danos? Videz-vous de tous vos clichés: o graffiti como produção de saúde [dissertação]. São Paulo (SP): Universidade Estadual de Campinas; Programa de Pós-Graduação em Ciências Médicas; 2012.
17. Vasconcellos VC. Trabalho em equipe na saúde mental: o desafio interdisciplinar em um CAPS. *Rev Eletronica Saúde Mental Álcool drogas* [online]. 2010 [accessed 2015 Dec 17]; 6(1), artigo 14. Available at: <http://pepsic.bvsalud.org/scielo.php?pid=S1806-69762010000100015&script=sci_arttext>.
18. Gomes ES, Anselmo MEO, Lunardi Filho WD. As reuniões de equipe como elemento fundamental na organização do trabalho. *Rev Bras Enferm*. 2000. 53(3): 472-80.
19. Dall'agnol CM, Martini AC. Reuniões de trabalho: mais que uma ferramenta administrativa, um processo educativo. *Texto contexto Enferm*. 2003 Fev;12(1):89-96.
20. Oliveira TTSS, Caldana RHL. Práticas Psicossociais em psicologia: um convite para o trabalho em rede. *Pesquisas e Práticas Psicossociais*. 2014; 9(2): 184-92.
21. Campos GWS. Subjetividade e administração de pessoal: considerações sobre modos de gerencia o trabalho em equipe de saúde. In: Meryh EE, Onoko R, Organizador. *Agir em Saúde um desafio para o público*. 3ª ed. São Paulo (SP): Hucitec; 2007. p.229-66.
22. Japiassu H. Interdisciplinaridade e patologia do saber. Rio de Janeiro (RJ): Imago; 1976.

23. Souza ACS, Ribeiro MC. A interdisciplinaridade em um CAPS: a visão dos trabalhadores. *Cad Ter Ocup. UFSCar*. 2013; 21(1): 91-8.
24. Righi LB. Redes de Saúde: Uma reflexão sobre formas de gestão e o fortalecimento da Atenção Básica. In: Brasil. *Cadernos HumanizaSUS*, v.2. Brasília (DF): Ministério da Saúde, 2010. p.59-74.
25. Azevedo BMS, Calsani LP, Souza TP, Reis BM, Carvalho YM, Carvalho SR, et al. A Produção de Redes de encontros e a Produção de Saúde no SUS [online]. 2013 [accessed 2015 Dec 17]; 22:61-2. Available at: <<http://www.politicaemsaude.com.br/anais/trabalhos/publicacoes/035.pdf>>.

Received on: 22/05/2016

Reviews required: No

Approved on: 19/09/2016

Published on: 10/07/2017

Author responsible for correspondence:

Elitiele Ortiz dos Santos
Rua São Manuel, 963, Rio Branco
Porto Alegre/RS, Brazil
ZIP-code: 90620-110